

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL.: 587-0460 FAX: 587-0470



RECEIVED



LOBBYIST REGISTRATION FORM

(See back of this form for instructions)
(Type or Print Clearly)

JAN 27 A9:37

PART I LOBBYIST			TATE ETHIC	
NAME (Last) (First	st)	(Middle)	<u> </u>	TELEPHONE
OKADA, LO	•	•		TEEE! TIONE
MAILING ADDRESS (Street)	IN	K.	(State)	(Zip Code)
				, , ,
P.O. Box 730	if you are employed by a	Honolulu	HI	96808-0730
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
•		(***)	(=,	(=.p = = =)
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY	FOR (Do not abbrevia	ate)		TELEPHONE
HAWAIIAN ELECTRIC INDUSTRIES, INC,.				
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
P.O. Box 730		Honolulu	HI	96808-0730
NAME OF PERSON RESPONSIBLE FOR	R PREPARING ORGA	NIZATION'S EXPENDITURE	S STATEMENT	TELEPHONE
Debra M.K. Oyadomori				532-5861
MAILING ADDRESS (Street)	·	(City)	(State)	(Zip Code)
P.O. Box 730		Honolulu	HI	96808-0730
1 .O. BOX 700		Honolala		30000 0700
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture Ed	ucation	Human Services		nce Technology &
Economic Development				
Communications & Government Operations & Mark Intergovernmental Relations, Tourism & Recreation Public Utilities Finance International Affairs				
Consumer Protection & Hawaiian Affairs Labor & Employment Transportation				
Commerce	Transportation			
Culture, Arts, Historic He	alth	Planning, Land & Water	Othe	er: (indicate below)
Preservation		Use Management		
Ecology, Energy, Ho Environmental Protection	using	Public Safety & Correction	ns	
Environmental Protection				
PART IV CERTIFICATION OF LOBBYIST				
I hereby-certify that the information furnished above is, to the best of my knowledge, correct and complete.				
1/23/02				
(Signature of Lobbyist) (Date)				
DARTY AUTHORIZATION TO LORBY				
PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
PETER C. LEWIS NAME OF ORGANIZATION (If applicable))	Secretary		TELEPHONE
1				
Hawaiian Electric Industries, Inc. MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
				• •
P.O. Box 730	.1	Honolulu	HI	96808-0730
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
VITE / · Per				
(Signature of Authorized Officer or Person Represented) (Date)				
(Signature of Authorized C	vincer or Lerson Lehle	our neu/	<u> </u>	-a.o,